

To contact NHS BSW ICB Medicines Optimisation Team: ✉ [bswicb.prescribing@nhs.net](mailto:bswicb.prescribing@nhs.net)  
Website: <https://bswtogether.org.uk/medicines/>

### BSW Area Prescribing Committee (APC) Updates (see all recent decisions in full [here](#))

#### New additions to BSWformulary and Change in Traffic Light Status (TLS)

- Prasterone pessaries for vaginal atrophy – added with GREEN TL as a third line option.
- Tadalafil 5mg daily for erectile dysfunction – added with GREEN TL for patients meeting SLS criteria.

#### New and Updated Prescribing Guidelines and Shared Care Agreements

- UPDATED – Antibiotic Guidance – updated to include new NICE guidance NG112 on the use of methenamine in the recurrent UTI section. This is a third line non-antibiotic choice for patients requiring long term prophylaxis.
- NEW – Pre-term Vitamin and Mineral Guidance – provides information for continued prescribing in primary care.
- UPDATE - Asthma Guidelines 16 years and above – updated according to NICE guidance and includes updated regimes.
- UPDATE – Asthma Guidelines Paediatrics – updated according to NICE guidance.

#### Minor amendments to Netformulary

- Glucomen Areo removed as meter of choice and no longer FOC
- Bevacizumab Gamma added to formulary as per NICE TA1022
- Methenamine Hippurate updated advice on use as per NG112
- Catephen TLS change from RED to GREEN due to MSN
- St Mark's solution added with RED TL, unlicensed for inpatients due to Dioralyte shortages
- Quinagolide 75mg strength added to formulary
- Licensed version of thiamine injection added to formulary as RED TLS

### Shortage Of Pancreatic Enzyme Replacement Therapy (Pert) - For exceptional circumstances only - Unlicensed Emergency Stock Available

On 18th December 2024, DoH&SC issued additional actions for ICBs regarding the PERT shortage [National Patient Safety Alert](#)

Clinicians should continue to follow the actions set out in the [National Patient Safety Alert \(NatPSA/2024/007/DHSC\)](#) issued on 24th May 2024.

To ensure that patients are not left without PERT, ICBs have been tasked with putting into place a local mitigation plan for instances when patients are **unable to obtain stock** of Creon.

The two main suppliers of PERT in the UK have set up customer support lines to help identify areas with recent deliveries. However, it is possible these deliveries may have already been allocated to specific patients.

• **Viatrix (Creon®) 0800 8086410 (for patients and pharmacists)**

• **Zentiva (Nutrzym®): 08448 793188 (for pharmacists) and 08000 902408 (for patients)**

#### What do GP Practices need to do?

Currently stock of Creon is available, and the shortage appears to be managed. Continue to prescribe a month's supply to patients as normal.

In exceptional circumstances only, when no *licensed* stock of PERT can be accessed from local pharmacies, there is a ringfenced stock of an *unlicensed* imported alternative to Creon called Pangrol available to pharmacies within BSW ICS. This can be accessed by BSW pharmacies via Oxford Pharmacy Store (OPS). Please **ONLY** prescribe this in exceptional circumstances where the patient is due to run out of PERT in the next 10 days and has tried to access stock via their local pharmacies **BUT there is no UK licensed Creon available**. Details can be found in BSW guidance [BSW Pancreatic Enzyme Replacement Therapy Guidance](#) and on our website here - [Creon - Pancreatic Enzyme Replacement Therapy \(PERT\) Shortage - Medicines](#)

#### What do Pharmacies need to do?

Continue to order licensed Creon via the usual routes. UK licensed Creon is available, and the shortage appears to be managed.

A ringfenced stock of unlicensed stock called Pangrol (equivalent to Creon) is available for BSW Pharmacies via Oxford Pharmacy Store. **ONLY** to be accessed in circumstances where no UK licensed Creon can be ordered, and the patient is due to run out in the next 10 days. Details can be found in BSW guidance [BSW Pancreatic Enzyme Replacement Therapy Guidance](#) and on our website [here](#)

### [Medicines Optimisation website](#)

**Updated document**- Prescribe well spend less - [PWSL](#)  
Please review our useful resources on the **BSW APC/MO website**, which include Prescribing guidance by BNF chapter- [here](#)  
Controlled drugs information- [here](#)  
Practical guidance and clinical resources-[here](#)  
**Stock shortages** information- [here](#)  
Improving medicines value- [here](#)  
**Medication safety** -[here](#)  
NMP information -[here](#)

### Prescribing Stoma Products

New stoma patients will be discharged from hospital with at least 2 weeks supply of products. They will have contact with a Specialist Stoma Care Nurse (SCN) within 7 working days of discharge, who will manage the patient's product requirements until they become stable. Once the ongoing product requirements are established, the SCN will write to the GP with full product details, and the supply route that the patient wishes to use Community Pharmacy, Dispensing GP, or Dispensing Appliance Contractor(DAC)

- Do not change quantities/products or add new items onto the patients repeat template without confirming with the relevant NHS stoma team first!
- The patient is reviewed yearly (high use/overuse of supporting products/ accessories can indicate poor stoma management).

#### Products not routinely recommended

**Deodorisers, skin cleansers and washes, support underwear, stoma seals, stoma collars, stoma filters, liquid or aerosol adhesives, lubricants, gauze swabs.** Should **NOT** routinely be prescribed.

Please follow [BSW stoma formulary](#) which has been devised for all your prescribing needs. If you have any queries relating to stoma products, please contact Jackie at [bswicb.prescribing@nhs.net](mailto:bswicb.prescribing@nhs.net) Alternatively contact your local stoma team -

GWH Stoma Team – 01703 646202 [gwh.stomacare@nhs.net](mailto:gwh.stomacare@nhs.net)

SFT Stoma Team - 01722 429256 [sft.salisburystomacare@nhs.net](mailto:sft.salisburystomacare@nhs.net)

RUH Stoma Team - 01225 824056 [ruh-tr.stomatherapy@nhs.net](mailto:ruh-tr.stomatherapy@nhs.net)

## ££££ Cost saving switch of the month - Metformin oral solution switching to Metformin oral powder sachets ££££

In the past 12 months, over £70k has been spent on metformin oral solution preparations. By prescribing **as oral powder sachets** (in patients with swallowing difficulties, who are not fluid restricted), **up to £40k** could be saved across BSW. For patients with enteral feeding tubes, continue an oral solution that is licensed for administration via these routes. Please check individual SmPCs.

Product	Pack size	Cost
Metformin 500mg oral powder sachets sugar free	30 sachets	£6.30
Metformin 500mg/5ml oral solution sugar free	150ml	£14.91
Metformin 1g/5ml oral solution sugar free	150ml	£128.70

**\*\*Final offer of support\*\***As we are fast approaching the end of the financial year, a reminder to **send in any cost savings that that your practice has completed** as this will contribute towards your Prescribing Quality Scheme (PQS) target. BSW ICB pharmacy technicians now have limited capacity, so please do not delay in contacting the team at [bswicb.prescribing@nhs.net](mailto:bswicb.prescribing@nhs.net) if you have not already done so, to determine how your practice can be supported.

### Evidence-based recommendations on Tirzepatide (Mounjaro) for managing overweight and obesity in adults

BSW Integrated Care Board has published our **position statement** to the public regarding the NICE technology appraisal guidance, TA1026, Tirzepatide for managing overweight and obesity, and the implementation plan for this over a number of years. This is available to view on our website [here](#). We are very pleased to receive the updated guidance for Tirzepatide, which was published on 23<sup>rd</sup> December 2024. This exciting new treatment will greatly enhance our efforts in helping our communities tackle obesity. We understand that there is a lot of anticipation and attention regarding these new treatments as many patients will be eager to access such improvements in medical treatment. In line with the NICE guidance, BSW will ensure that all patients who fulfil the criteria and are accessing existing secondary care specialist weight management services, will have access to Tirzepatide from 24<sup>th</sup> March 2025, complying with the regulations around NICE technology appraisals and the implementation within 90 days.

The much-anticipated community-based services, which will enhance access to Tirzepatide treatment for the approved cohorts of patients will be made available 6 months after the final guidance was published, no later than 22<sup>nd</sup> June 2025. We are currently awaiting the final details from NHS England regarding the eligible health criteria to understand which patients will be offered this treatment. It is expected that these details will be published later this month.

We ask that our GPs **do not prescribe Tirzepatide for weight loss** at this time, while we work with clinical colleagues to develop options for the new service, including the training and education needed for these medications to be safely prescribed, but also to vastly enhance the access to associated resources so that patients are supported to make the changes needed for the medication to be most effective, including improving diet, exercise habits, and tackling any psychological challenges which may lead to poor eating habits. We have also written to secondary care colleagues and asked them not to request GPs to prescribe Tirzepatide until the cohorting and eligibility have been agreed.

We recognise that, following intense media focus around these drugs, you may see an increasing demand for access, please do redirect any queries to the website [here](#) where we ask our residents not to try and access Tirzepatide yet. We also acknowledge that there will be a number of people who have **received these drugs privately**. Again, **we ask that you do not take on this prescribing yourselves**, until we receive confirmation of the eligibility cohorting, and refer people to our website regarding NHS support following self-funded interventions. Any GPs who have queries about prescribing requests can also email [bswicb.prescribing@nhs.net](mailto:bswicb.prescribing@nhs.net)

We look forward to working with our healthcare providers to ensure the successful implementation of this very important service and treatment. In the coming months we will be making changes to our webpage to put all of our weight management information into one place. This will also be where any updates on weight management services will be made

### Private to NHS – guidance

The Medicines Optimisation team receive many queries sent to the prescribing inbox asking if it is appropriate to **issue NHS prescriptions for medicines recommended by Private specialists**.

BSW ICB has information on private treatments (a PrescQIPP document but adopted by BSW) which provides advice on the appropriateness of these requests. It can be read in full here:- [BSW ICB Private Treatments](#)

The pertinent information is if the medication is **normally funded** on an NHS prescription in primary care, i.e. on [Formulary](#) for the indication **AND is 1<sup>st</sup> line** so follows the NHS pathway **then it can be prescribed on the NHS**

- Do not routinely issue an NHS prescription following a private consultation if the medicine is:
  - » Not included in the local NHS pathway
  - » Not included in the local drug formulary
  - » Only suitable for specialist/specialised prescribing
  - » Included further down the NHS treatment pathway after other alternatives which the patient is suitable for but has not tried

### Examples of queries already received-

**Scenario 1-** Private specialist asks practice to take on prescribing of Rectogesic 0.4% ointment for anal fissures.

**Response -** Rectogesic is **1<sup>st</sup> line for anal fissures** on [Formulary](#) so prescribing **can be continued** by primary care as follows the NHS pathway .

**Scenario 2-** private specialist asks practice to take on prescribing of methylphenidate for adult with ADHD.

**Response-** Methylphenidate is **1<sup>st</sup> line for adults with ADHD - [Formulary](#)** , however it has an **Amber Shared Care Traffic Light Status(TLS)** . As long as the **private specialist enters into a Shared Care agreement (SCA)**found [here](#) then prescribing can be continued by primary care .**NB** we would suggest you remind your patient **not to discharge themselves** from the private specialist as they will still be required to have ongoing specialist support .

**\*\*** if the private specialist does not follow the NICE pathway or decides to prescribe combination therapy then the private specialist will need to continue prescribing

**Scenario 3-** Private specialist asks practice to prescribe ERFA thyroid (dissicated thyroid) & Liothyronine

**Response-** As ERFA thyroid is non- formulary [Formulary](#) and Liothyronine is only on formulary for use in conjunction with Levothyroxine [Formulary](#) these medications **do not follow the NHS pathway** so prescribing should **remain with the private specialist**.

Please do not hesitate to contact [Bswicb.prescribing@nhs.net](mailto:bswicb.prescribing@nhs.net) if you have any further questions or examples you are uncertain of.